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2022 JAN -7 PM 12:44
STATE OF STATE

4 FD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEASCAPE 1 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT G RITTER
Name of Person

THEPROTOCOLIVE LLC
Firm/Company

500 UNIVERSITY BLVD STE 109
Address

JUPITER, FL 33458
City/State and Zip Code

DRRITTER@MAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT G RITTER at (561) 301-7359
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEASCAPE 1 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 16, 2021 and assigned Florida document number L21000529900.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THEPROTOCOLLIVE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

500 UNIVERSITY BLVD

STE 109

JUPITER, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 UNIVERISTY BLVD

STE 109

JUPITER, FL 33458

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROBERT G RITTER

New Registered Office Address:

500 UNIVERISTY BLVD STE 109

Enter Florida street address

JUPITER

Florida

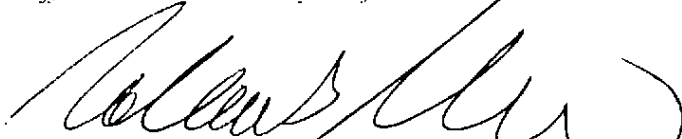
33458

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

FILED
2022 JAN 11 PM 12:43
CLERK OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

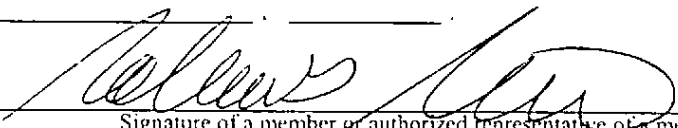
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN W BOYER	3300 PGA BLVD	<input type="checkbox"/> Add
		SUITE 625	<input checked="" type="checkbox"/> Remove
		PALM BEACH GARDENS, FL. 33410	<input type="checkbox"/> Change
MGR	ROBERT G RITTER	500 UNIVERSITY BLVD	<input checked="" type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		JUPITER, FL 33458	<input type="checkbox"/> Change
MGR	CHRISTOPHER RAMSEY	500 UNIVERSITY BLVD	<input checked="" type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		JUPITER, FL 33458	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 6 _____, 2022


Signature of a member or authorized representative of a member

ROBERT G RITTER

Typed or printed name of signee